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ABSTRACT

To develop a high school practical nursing curriculum, a survey was made of six hcspitals, four nursing homes, and one public health agency to investigate current and expected content of the occupation and to determine attributes and personal characteristics employers look for in practical nurses. Analysis of data revealed that emplcyers assess entry-level practical nurses in terms of amount of education, job skills, and personal qualifications. The employers also rated 11 groups of tasks according to the desirability, importance, prior knowledge, and frequency of the tasks. On the basis of data frcm employers, guidelines were suggested for develcping practical nursing programs, including general program characteristics, data to obtain prior to establishing a prcgram, prcgram organization, student selection, curriculum, and facilities and policies from cooperating agencies. Survey data tables and sources of information are appended. (SB)

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AN EXPLORATORY STUDY TO ANALYZE NEW SKILL CONTENT IN SELECTED OCCUPATIONS IN MICHIGAN AND THE MECHANISM FOR ITS TRANSLATION INTO VOCATIONAL EDUCATION CURRICULA

to

U. S. DEPARTMENT OF LABOR

SECTION REPORT

on

LICENSED PRACTICAL NURSE

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LICENSED PRACTICAL NURSE

INTRODUCTION

In recent years the demand for health services has been increasing rapidly. Expansion of health care programs, increased coverage of individuals and families under prepaid health insurance plans, growth in public and voluntary health agencies, the growing number of older people with their increased burden of chronic disease, all contributed to the demand. The increasing urbanization of the population in which medical services are more accessible and the greater appreciation of the value of medical services also adds to the demand. Lack of sufficiently trained health personnel has become a matter of national concern. Among health occupations, professional and practical nurses are in particularly short supply. These two occupations, plus nursing auxiliaries account for roughly half of all health service jobs.

Although the number of practical nurses has increased at a rapid rate, the supply has not been able to keep pace with demand. In 1966 the supply of licensed practical nurses was 300,000 and the shortage was estimated at 41,000 more needed in hospitals and 9,000 in extended care facilities.(1) The total need may reach 550,000 by 1975 with an expected supply of 450,000.(2)

Practical nursing as it exists today is relatively young, having received its major impetus during World War II. Although formal training for practical nursing in this country dates back to 1897--the Ballard School of

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(1) Health Manpower Perspective, 1967, U.S. Department of Health, Education and Welfare, Public Health Service, Bureau of Health Manpower 1967.

(2) Ibid.

the New York YWCA,[3] which was an 8-week course for "attendants of the sick", there was no great advance in number of schools established.

The Detroit Home Nursing Association sponsored a Home Nursing Aide Course in 1913 in Detroit to prepare women for home nursing care of the sick, with major emphasis on training for household duties and only limited instruction in the care of the sick.[4] This course continued through World War I, its orientation changing from household duties, to care of the sick, as a result of shortages of trained nurses during the war. Incentive for expansion of schools of practical nursing was provided by the Smith-Hughes Act of 1917, which placed practical nursing under the Trade and Industrial section of the Act.

Home and hospital aide programs were established statewide in Michigan with federal aid from the George-Deem Act of 1936. By 1942 programs had been expanded to include training individuals to assist with nursing care in hospitals, as a result of the pressure of war needs. The first effort to establish schools of practical nursing on a statewide basis was a 3-year comprehensive practical nurse training experiment subsidized in 1947 by the W. K. Kellogg Foundation. This was the forerunner of other states assuming responsibility for nursing education. It was also especially significant in that it placed education of practical nurses under educational institutions rather than hospitals, which changed emphasis from the service aspect of the program to education of the student.

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(3) Education for Practical Nursing, 1960, Report of the Department of Practical Nursing Programs, National League for Nursing (New York, 1962), p 8.

(4) History and Trends of Practical Nursing, by Dorothy F. Johnston, R.N., C. V. Mosby Company, St. Louis, 1966.

It is only in recent years that practical nursing has attained the status of an organized and licensed occupation. State governments established licensing procedures, the federal government provided funds for schools under public control and the number of state-approved schools grew. The number of schools providing accredited programs in practical nursing went from 10 in 1940, to 650 in 1960, to 1,150 in 1966, graduating 28,000 students annually.(5) This tremendous growth has taken place, however, without a precise definition of the occupation of practical nurse. There has been no accurate delimitation of the occupation. Doctors and health service administrators have not defined boundaries within which the practical nurse must function. In this period of accelerated demands for medical services, there has been a blurring of boundaries between various levels of responsibility on the medical team--doctors have delegated certain of their duties to registered professional nurses who have passed along increasing areas of responsibility to the licensed practical nurse. The licensed practical nurse in turn has found it necessary to entrust some functions to the nurse aide.

All nursing is on a continuum with overlapping duties. Differences in job content between the registered nurse (R.N.), licensed practical nurse (L.P.N.) and nurse aide (N.A.) should reflect the differences in education, skill and responsibilities. However, although the scope of each job is partly determined by legal requirements, it is more generally dictated by customs in hospitals and other patient care facilities, which vary according to local circumstances.

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(5) Facts About Nursing - 1968 Edition, American Nurses Association, New York

THE FIELD INVESTIGATION

It was the intent of the survey to investigate current and expected job content of the occupation of licensed practical nurse in a variety of settings where she is employed in Detroit to provide the basis for developing a curriculum for the occupation at the secondary level. In addition, information was obtained on attributes and personal characteristics of the licensed practical nurse which employers consider important in their hiring practice so that these factors could also be conveyed to potential candidates--Form 1A-Job Analysis Interview Guide (Appendix A).

In the pretest of the survey instrument in a large general hospital, job skills information to complete Form IB--Job Analysis Interview Guide was asked for from the assistant director of nursing service and from the charge nurse (supervisor) of each of six nursing services in the hospital, sampled from each of the three work day shifts, to determine which group of individuals could best furnish the desired information. The responses of the charge nurses were generally consistent, in their evaluation of whether it was desirable for the entry level licensed practical nurse to know how to perform a particular task--similarly, of the importance of the task at the entry level. The biggest discrepancy amongst the responses of the charge nurses was in their ratings of the frequency of task performance. A second questionnaire, Form 2, was then used in the pretest. Information only on the frequency with which the practitioner performs each specified task, was asked of currently employed licensed practical nurses, who had been employed by the hospital less than one year, having had little or no previous paid experience. The range of their responses were similar to that of the charge nurses.

Generally, the frequency of the performance of specific tasks varies according to the nursing service and shift to which the practitioner is assigned. Since the study was concerned with the work performed by the licensed practical nurse in many settings, it was felt that the responses of the assistant director of nursing service presented the best overview for the institution. In the actual survey, therefore, Form 2 was abondoned and interviews were directed primarily to this class of individuals; that is, the director or assistant director of nursing personnel. The in-service training director who is responsible for the continuing education of hospital nursing personnel was also interviewed in a number of establishments. These individuals contributed additional insights relative to weaknesses in current education and training programs for licensed practical nurses which are reflected in job performance.

Survey Coverage

Establishments were selected for the survey which represented a cross-section of the types of environment in which the licensed practical nurse is employed. Assistance in the selection of the particular establishments in Detroit was provided by the Education Consultant to the Michigan State Board of Nursing and the Supervisor of Nursing Homes for the City of Detroit Health Department. The final sample consisted of 6 hospitals (5 general, 1 psychiatric), 4 nursing homes (2 providing basic nursing care only, 2 skilled nursing care), and one public health agency which employs licensed practical nurses to provide nursing care in the home. The number of employees holding the position of licensed practical nurse in these establishments varies from 7 in a basic nursing home which employs a total of 85 people to 290 licensed practical nurses in a

general hospital employing 1,600. There is a marked distinction among types of establishments in the ratio of licensed practical nurses, to registered nurse employed full and part-time. Among the hospitals, the ratio ranges from .6:1 to 2.3:1, averaging 1.1 licensed practical nurse to 1 registered nurse. Among the nursing homes, the ratio of licensed practical nurse to registered nurse varies from 2.7:1 to 7:1, averaging 3.3:1. The ratio of licensed practical nurse to registered nurse is significant to the analysis of tasks which the licensed practical nurse is being encouraged or forced by the circumstances of her employment to perform. In general, the higher the ratio, the greater the responsibility assigned to the licensed practical nurse.

General Analysis of Major Findings

Nature of Entry-level Qualififcations

Employers seem to be consistent in the qualifications they seek in the entry-level licensed practical nurse. These qualifications are usually stated in terms of education, job skills, and personal characteristics.

Educational qualifications are encompassed in the requirement of all employers that the practical nurse be licensed by the State. To be licensed in Michigan, an applicant must have completed an approved 4-year high school course or its equivalent and have completed an approved practical nursing education program.(6) The hospital employer generally inquires and is concerned about the reputation of the school the applicant attended, the hours of training, and the course content of the nursing program which the applicant completed. The nursing home employer does not appear to be as meticulous about

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(6) State of Michigan, Act 149-Public Acts of 1967-Section 12.

such details except for one very specific requirement--that the applicant shall have had some training in the giving of medications and injections. School references and previous work experience references are checked, particularly for indications of excessive absenteeism.

Minimum skill qualifications are generally assumed, by virtue of the applicant having passed the written examination required for licensure. The hospital employer with an in-service training program usually provides for additional skill training during the probationary period following employment. The nursing home employer generally does not have a formalized in-service program and is, therefore, more concerned that such skills be obtained before employment.

Personal qualifications, particularly with respect to appearance and personality traits, were emphasized by nearly all employers. Neatness, cleanliness, and appropriate grooming in the employment interview significantly affect the applicant's chance of employment. The ability to communicate well, use language correctly, and make oneself understood by others are viewed by the employer as essential to the practice of practical nursing. The licensed practical nurse applicant must pass a health examination to qualify for employment in all establishments. The stringency of the examination varies by type of establishment, hospitals having the more rigorous requirements. An individual with a record of drug addiction would be rejected by all establishments, and in some, those with a known alcohol problem are not likely to be hired. Factors such as stability, maturity, dependability, although recognized as essentially intangible characteristics, are considered among the selection criteria.

There are limited promotional opportunities for the licensed practical nurse. An experienced licensed practical nurse may become a charge nurse, in which assignment she is responsible for the activities and performance of practical nurses and/or nurse aides placed under her supervision. In many hospitals the promotion of a licensed practical nurse to charge nurse is limited to the night shift only. In the nursing home, however, it is not unusual to find a licensed practical nurse in the role of the charge nurse on any shift. In one nursing home visited, a licensed practical nurse is responsible not only for all nursing service but the administration and management of all functions at the home.

Analysis of Work Assignments

The Job Analysis Interview Guide Summary identifies the duties of the licensed practical nurse. These duties are classified under 11 major group headings:

1. Personal Care of Patient
2. Signal Detection and Communication
3. Therapeutic Procedures
4. Use of Equipment for Patient Comfort and Treatment
5. Preparatory Care
6. Clerical
7. Housekeeping
8. Escorting and Errand Service
9. Maintenance and Checking of Supplies and Equipment
10. Evaluation of Patient Need and Assignment
11. Supervision and Teaching

These group headings indicate the principle functions of workers in the occupation, but no significance should be attached to the order in which they appear in the analysis. Appropriate tasks are listed under each heading but it should be noted that the arrangement of tasks in the analysis does not necessarily follow the order in which they are performed. The analysis of

each task is treated under four main headings and 13 column headings. The main headings indicate the general area for analysis and the column headings provide for classifications for specific analysis.

The main headings and the column headings were interpreted to the employer to have the following meanings.

1. Desired	"Should the licensed practical nurse of the entry level know how to perform this task?" (a) yes (b) no
2. Actual	"How many entry level licensed practical nurses in your employ knew how to do the task, upon entry into the job?" (a) none (b) few (c) half (d) most (e) all
3. Importance at entry level	"How important is it for the licensed practical nurse to know how to do the task, at the entry level?" (a) little (b) moderate (c) great
4. Frequency	"How often does the entry-level licensed practical nurse perform the task?" (a) daily (b) frequently (at least once a week) (c) sometimes (at least once a month or occasionally) (d) never

Interpretation of Findings

The performance of the tasks enumerated in the Analysis are not restricted to the licensed practical nurse. The registered nurse may also do all of these functions and in some establishments, many of the same duties are assigned also to a nurse aide or ward clerk. For those tasks involving direct-patient care, the nature, the degree, and the rapidity of change in the health state of the patient, which dictates the complexity of the nursing situation, is the primary determinant of the assignment of personnel.

A "no" in the desired column of the Job Analysis Interview Guide Summary may indicate a task which is not performed at the institution; e.g.,

treatments requiring the use of equipment noted in tasks 32-40 are generally not performed in nursing homes. In many hospitals, the initiation of such treatments is usually restricted to the physician or registered nurse. However, there are a number of therapeutic and treatment procedures, which, although presently restricted to other hospital personnel, employers feel should be learned by the licensed practical nurse in training, in anticipation of the lifting of these restrictions. In the analysis of each of the principal functions in the next section, these procedures are specified.

In nursing homes generally, a larger portion of patients fall into the mildly ill, chronic and convalescent categories for which less complex nursing is usually required and a minimum degree of on-the-spot supervision from a nurse supervisor or physician is provided. In hospitals, however, practical nurses are being assigned to operating rooms, recovery rooms, intensive care units, labor and delivery rooms, and emergency rooms in which the complexity of the nursing situation often requires more extensive scientific background.

Personal Care of Patient. Nearly all employers consider the functions involved in the personal care of the patient to be of great importance for the entry-level licensed practical nurse. Although the performance of the tasks is the duty of the nurse aide in many institutions, the licensed practical nurse in some cases may be responsible for the supervision of the nurse aide and hence must be knowledgeable of the procedure. Currently employed entry-level licensed practical nurses are considered to be adequately prepared for most of these tasks. More emphasis on "position patients" and "serves meals" (helping patient to select proper diet) was suggested for future curriculum.

Signal Detection and Communication. The preparation for these tasks which are performed daily by nearly all practitioners and are particularly significant to the health state of the patient, could be improved, according to some employers. The importance of "reporting obvious changes observed in patients" to the responsible supervisor should be emphasized. The lack of communication skills, "ability to be at ease with the patient", "help the patient understand the care being provided" was noted. More than one employer mentioned the hesitancy of some practitioners to use the intercom system for communicating with patients. "They act afraid of it". More exposure to and experience with this type of equipment during licensed practical nurse training would be desirable.

Therapeutic Procedures. Some changes are occurring in therapeutic procedures involving the application of heat and cold. Electrically heated water bags are being substituted for hot water bottles and hypothermia blankets for sitz baths.

The giving of injections and medications is a relatively recently adopted function of the licensed practical nurse and controversy still reigns among professional nurses as to whether this is her proper function. Specialized courses in medications are provided by hospitals with in-service programs, to supplement the entry-level licensed practical nurse's previous training. In only one of the institutions visited was the licensed practical nurse not permitted by hospital policy to give medications and injections, but even there, the Director of Nursing felt that it is desirable for the licensed practical nurse to know how. She indicated that the hospital might

have to change its policy in the near future because of the shortage of professional nursing personnel to whom the function is currently assigned. The nursing home employer will no longer hire a licensed practical nurse who has not had training in this area since the giving of medications and injections has become one of her major functions in this type of institution.

A physical therapy department was found in only a few institutions and the role of the licensed practical nurse is that of helping the patient to follow through with exercises during the course of the day, as recommended by the therapist. Occupational and recreational therapy are not formalized in the institutions visited. Nursing personnel, however, do sometimes recommend recreational or occupational activities to the patient.

Use of Equipment for Patient Comfort and Treatment. The duties of the licensed practical nurse in the monitoring of the various equipment noted in this section consists of checking for proper functioning, observing dials or flow of fluids, regulating dials or flow, taking readings, changing solutions, but most important observing patient's response to treatment. The licensed practical nurse is not expected to be familiar with all the equipment she may use on the job since there are so many variations in manufactured equipment which perform the same function. However, she is expected to know why the treatment is being done and what it is expected to accomplish.

The use of the Stryker frame is more prevalent than the Bradford frame. Circo-electric beds are now being introduced in a number of hospitals. The Baron feeding pump, an apparatus for continuous feeding through the stomach, is only rarely used. Murphy-drip equipment, although still found

in a few institutions is considered obsolete, having been replaced by more sophisticated equipment. A combination of oxygen and inhalation therapy is replacing the use of steam inhalators. Only recently has the licensed practical nurse been given responsibility in the use of parenteral fluids equipment. In two institutions she is permitted to initiate as well as monitor and discontinue intravenous solutions, except blood. In none of the establishments is the licensed practical nurse involved in administering blood. The administration of oxygen through the use of a face mask or sometimes a nasal catheter is performed by the licensed practical nurse. The tent method is rarely used. In hospitals, the inhalation therapy department is responsible for the sustained use of oxygen for a patient but the licensed practical nurse would be expected to observe the patient.

Preparatory Care. The responsiblity for sterilizing equipment and supplies or for preparing the supplies needed for treatment does not usually fall to the licensed practical nurse. In hospitals and most nursing homes these functions are usually performed in a central supply area by nurse aides or other personnel whose sole function is central supply maintenance. Increasingly, equipment and supplies used in health care facilities are of the disposable type. The licensed practical nurse, however, should certainly be knowledgeable of the need for sterilization where it exists and have had some experience in her training with the proper procedures for doing it. She should also be thoroughly familiar with those supplies which are required for the treatments which she performs or in which she assists.

Other duties involved in preparatory care such as "measures fluids and fills containers for enemas and douches", "gathers and disposes of linen and equipment", "performs tests for sugar and acetone in urine" are shared with the nurse aide, with the licensed practical nurse sometimes supervising the activity.

In some nursing homes, the practical nurse is distributing all the medications. One of these institutions recently converted its pharmaceutical supplies to the unit dose system to help eliminate errors in medication doses. Many more health care facilities are expected to use this system in the near future. This does not imply, however, that the emphasis on a course in drugs and solutions in practical nurse training should be lessened. On the contrary, the need for a comprehensive course in medications for the licensed practical nurse was stressed by nearly all employers.

Clerical. Although the licensed practical nurse is called upon to perform duties of a clerical nature, some of which do not relate to the health state of the patient, many more of these tasks are being assigned to ward clerks or other auxiliary personnel. There are other clerical tasks, however, which bear directly on the patients health; e.g., "note detailed pertinent treatment/observation data in the medical record" which employers feel should receive more attention in the preparation of the licensed practical nurse. One employer states "they may observe but too often they neglect to report". This employer is considering supplementing the written record by the use of tape recorders for the transfer of patients' progress information at each shift change. Customarily, at the end of her shift, the licensed practical

nurse depends on recall to verbally transmit information pertaining to all the patients in her care, to the next shift nurse. This employer feels that with a tape recorder, the licensed practical nurse can record impressions and observations as they occur. Such information then can be conveyed to the next shift nurse by play-back.

Housekeeping, Escorting and Errand Service, Maintenance and Checking of Supplies and Equipment. The licensed practical nurse shares these duties with other nursing personnel and with ward clerks. "Makes unoccupied beds" and "accompanies patients using wheeled vehicle, assists them to walk" are the two tasks on which more emphasis should be placed.

Evaluation of Patient Need and Assignment, Supervising and Teaching. The licensed practical nurse in the nursing home is more involved with conducting personal interviews with patients and with teaching new techniques to other personnel than is the licensed practical nurse in a hospital. Employers in both settings expressed real concern about the preparation of the licensed practical nurse to make judgments about the allocation of her time according to patients' needs.

Desirable Areas of Instruction Not Identified in the Analysis

The nature of the task analysis and interpretation of findings have been treated in the preceding paragraphs. What the analysis omits also requires careful consideration.

The task analysis tells us what the practical nurse must be able to do. The steps involved in carrying out each nursing procedure, however, have been omitted from the analysis. There is no single standard method for carrying out nursing duties. The selection of any one method for the analysis would imply its superiority over other methods. A thorough knowledge of nursing procedures should be a part of the basic professional preparation of an instructor of practical nursing.. A number of texts are available which deal specifically with the details of basic nursing procedures, from which a qualified instructor can select methods appropriate to the local situation.

The range of responsibility of the practical nurse in the performance of her duties are not delineated in the analysis. Except for certain nursing duties that the practical nurse may never carry out except under direct order from a physician or a registered nurse; e.g., giving medications, the boundaries within which the practical nurse may be expected to confine her activities are not clearly defined. An integral part of the licensed practical nurse training program therefore, should be the recognition of its limitations.

One of the first steps in developing a curriculum for the licensed practical nurse is that of determining the educational results to be achieved; or stating it another way, formulating objectives. The educational results should reflect exactly what the student must learn to do. The identification of the basic information and theoretical background needed by the practical nurse to perform each of her duties in an intelligent manner is still another step in the development of an effective curriculum. Pertinent relationships

between theory and practice can be established more readily if the course of study provides for instruction in related theory and science at the time when it may be applied to specific duties of the practical nurse.

It is recognized that an analysis of the practical nurse occupation, based on specific duties, does not emphasize the need for certain auxiliary units of instruction which may be required to round out the training of practical nurses.

The licensed practical nurse deals with persons to a much greater extent than she deals with things. She performs each task always within the framework of the patient's specific situation of personal health and the individuality of the patient. The ability of the patient to cooperate and participate in nursing received may dictate not only what the licensed practical nurse does but also how she does it. The licensed practical nurse must be able not only to determine that the patient has a need for nursing but also to identify the specific nursing requirements of the patient and to meet these requirements. The exercise of discrimination and judgment in the performance of her duties is essential in many types of situations. Opportunities for the exercise and development of sound judgments should be systematically provided in each teaching situation and should be particularly emphasized in the supervised clinical experience phase of the licensed practical nurse's training.

Much of nursing is dependent upon an understanding of the causes of human behavior. The effects of environment upon behavior, the manner in which habits and attitudes are formed and modified, the typical differences in behavior of well persons and ill persons--all of these must be recognized.

How to deal with them should be an important part of the preparation of the practical nurse.

Nursing practice is socially complex in terms of numbers of people and interaction between people. Recognition by the licensed practical nurse of her proper relationship to the patient, to the family of the patient and to other members of the medical team (physician, registered nurse, nurse aide, etc.) should not be taken for granted but should be taught during training to help crystallize the student's understanding of the role of the licensed practical nurse.

GUIDELINES FOR DEVELOPING PRACTICAL NURSING PROGRAMS IN MICHIGAN

Section 2(d) of Act 149-Public Acts of 1967, known as the Nursing Practice Act in Michigan defines the practice of practical nursing as "the performance for compensation of acts in the care, treatment or observation of the ill, injured or infirmed, or for the maintenance of the health or the prevention of illness of others performed in accordance with education and preparation which has provided the practitioner with a lesser degree of specialized skill, knowledge, education, or training than that required to practice as a registered nurse. A licensed practical nurse shall perform such acts only under the direction of a registered nurse or licensed physician or dentist."

Under the terms of Act 149, final responsibility for approving programs of nursing education in Michigan is vested with the Michigan Board of Nursing. The act also forbids operation of a program without Board approval. Legal responsibility for setting and maintaining standards for programs rests

with the Board which on November 22, 1968, adopted revised Minimum Standards and Education Criteria for Practical Nursing Programs in Michigan. Approval to initiate a program is granted to a sponsoring institution upon satisfactory showing of its intent and ability to establish a program according to Procedure for Initiating Programs of Nursing Education in Michigan.(7) (Copies are available from the Office of the Board). Appendix B offers additional sources of information on practical nursing education.

General Characteristics of a Curriculum in Practical Nursing

A curriculum in practical nursing is the course of study which prepares for the admission to the practical nurse licensing examination and for the practice of practical nursing. The curriculum should be organized to correlate practical nurse theory and practice in a self-contained and complete program. There should be statements of philosophy and general aims of the curriculum formulated by the faculty which also reflect the educational philosophy of the sponsoring institution.

In a public school the form of organization for administering the nursing program should be similar to that provided for comparable programs in the institution. The plan must include the appointment of a nurse-director who will have administrative responsibility for the practical nurse curriculum.(8) The educational unit in nursing must be established as a department, division, or school.(9)

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(7) Minimum Standards and Education Criteria for Practical Nursing Programs in Michigan, Michigan Board of Nursing, Lansing, Michigan, 1968.

(8) Ibid, p. 9.

(9) Ibid, p. 7.

The program in practical nursing should be assured of adequate financial resources. An annual budget which reflects the educational purposes of the program should be set up as part of the administrative plan of operation.

Facilities essential to the achievement of the purposes of a nursing curriculum include well-equipped class, laboratory, and conference rooms, offices, library resources and service, and clinical resources for student field experience. A hospital, nursing home, or other agency which is used as an experience field for students, should provide a setting where good nursing care is practiced.

When an institution conducting a curriculum in practical nursing enters into an agreement to use the facilities and services of another institution or agency the details of the agreement must be written and insure full control of student education by the faculty.(10) It should specify arrangements for cooperative planning by agency and school personnel in selection of teaching facilities, placement of responsibility for teaching process, provisions for specific physical facilities required for faculty and student activities. It should make clear the agency's primary responsibility in the care of the patient and the school's primary responsibility for education of the student.

A basic requirement for the attainment of the objectives of the educational program is the provision for an adequate and qualified faculty. In a program conducted by a public school, selection and appointment of faculty members should be in accord with the policies governing faculty

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(10) Ibid, p. 8.

appointments in other departments or divisions of the institution and with the requirements and recommendations of the Michigan Board of Nursing.(11) The number of faculty members will vary with such factors as scope of curriculum offerings and size of student body. An important consideration in relation to size of instructional staff would be the ratio of instructors to students in different types of learning situations. The recommended ratio of students to instructor is 10:1; the maximum may not exceed 15:1.(12)

Policies with respect to selection of those admitted to the program should be developed, consistent with the program objectives. Requirements relating to a student's health, emotional maturity, intellectual capacity, character and personality should be reflected in these policies.

A record system which includes credentials required by law for admission of graduates to the licensing examination must be maintained.(13) A school may also want to develop records pertaining to curriculum content, professional preparation of faculty, student achievement and follow-up studies of graduates.

The program of instruction is the plan of courses, including clinical and other learning experiences, designed to implement the objectives of the program in practical nursing. The program should be planned for specific terms or time periods during which equivalent amounts of instruction, including class

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(11) Ibid, p. 9.

(12) Ibid, p. 5.

(13) Ibid, p. 10.

and clinical laboratory can be provided. Clinical laboratory experience should be concurrent with the classes in practical nursing.

Provisions for evaluating the student's performance should be incorporated in the organization plan. There should be stated policies concerning the level of student achievement required for progression in the program and for graduation. These policies should be understood by the student who should share in the evaluation of her achievement.

Comparison of student's achievement with the performance of students from other programs in the state licensing examination provides a means of evaluating the program. Follow-up studies of graduates in their early work experience are another means of appraising the effectiveness of the program in meeting objectives.

Suggestions for Establishing a Practical Nurse Program In Detroit, at the Secondary Level

Until recently, preparation for practical nursing in Michigan was reserved for those who had reached a more mature age. The minimum age for admission to the licensing examination was 19 years until the Michigan Nursing Practice Act of 1967 eliminated a minimum. This makes possible the consideration of a program for students who are still enrolled in high school.

School officials and nurse faculty in the Health Services Training Program in the Detroit public schools, with whom the potential of such a program was discussed, have shown great interest and enthusiasm for a practical nurse program at the high school level. Employers interviewed in the survey had mixed reactions. Some wholly endorsed the idea and promised complete cooperation even

to the extent of offering their facility for clinical practice; others had reservations, particularly about the maturity of a high school student to assume the responsibilities of the occupation.

Preliminary Data to Obtain Before Establishing a Program

1. Availability of school facilities.

Any of the Detroit high schools which currently offers a training program for Nurse Aide might be a likely location for the initiation of a practical nurse program. The basic equipment and supplies needed for both programs are similar and could be shared. The present Detroit School of Practical Nursing which is operated at the post-secondary level under the jurisdiction of the Adult and Continuing Education Division of the Detroit Board of Education may be considered. Because of its geographic location, however, the use of this facility would present excessive scheduling and transportation problems.

2. Availability of faculty.

The availability of a nurse-director to administer the program should be investigated. She must meet the following qualifications--"no less than a baccalaureate degree with three years' experience in nursing, including some experience in education, administration, and/or supervision".(14) Full-time faculty members should have a baccalaureate degree, with at least two years' experience in generalized

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(14) Ibid, p. 9.

nursing and additional preparation in teaching. "Three years' experience in generalized nursing, including some experience in teaching or supervision, is required for faculty members with less than a baccalaureate degree".(15)

3. Availability of stable financial resources for program operation.

   The Detroit Board of Education should plan an adequate budget for the program. The availability of State or Federal monies for vocational education should be investigated. Federal tax funds have also been appropriated specifically for development of health manpower. Complete information can be obtained through Division of Nursing, Bureau of Health Manpower, Public Health Service, U.S. Department of Health, Education and Welfare.

4. Appointment of an advisory committee.

   Functions of committee should be outlined. Planners should decide the kind of advice they will need from such a committee, in the development and conduct of the program. Public relation, publicity and liaison with available community facilities are additional functions such a committee may serve. Membership for the committee should be in keeping with outlined functions. Representatives from the following groups may be utilized: Professional Nursing, Practical Nursing, Public Health Agency, Hospital Administrator or Nursing-Service Director, Director of a post-secondary School of Practical Nursing.

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(15) Ibid., p. 9.

5. Determination of state requirements.

Obtain information and guidance from the Michigan State Education Department, Division of Vocational Education, Health Occupations; and from the Michigan Board of Nursing, Department of Licensing and Regulation, concerning State requirements. A "declaration of intent" must be filed with the Michigan Board of Nursing and the State Board of Education indicating interest in initiating a program of nursing education.(16)

Organizing the Program

1. Employ a nurse-director meeting the requirements of the Michigan Board of Nursing and the State Department of Education.

2. Develop curriculum plans to include number and kinds of classroom needed to carry out the program.

3. Determine the number of students to be considered for program. This figure will be influenced by available space for classrooms and laboratory practice and the maximum number that can be accommodated by cooperating agencies for clinical practice.

4. Determine number and duties of faculty members. The employment of a nurse-coordinator to supervise students assigned for clinical practice and act as a liaison person between the school and the clinical agency should be considered. The number of nursing instructors employed will depend on the number of students enrolled and the type of curriculum planned.

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(16) Procedure for Initiating Programs of Nursing Education in Michigan, Michigan Board of Nursing and State Board of Education.

5. Determine equipment and supplies needed for nursing skills practice laboratory and other facilities.

Selection of Students

Students should be carefully screened and selected according to their intellectual ability to master the subject matter and according to their degree of maturity in recognizing the responsibility that the practice of practical nursing entails. Selection of students should be based on definite criteria established by the school and made by a committee of the faculty. The use of tests for screening potential candidates should be considered. The National League of Nursing Testing Service has developed a pre-admission test for licensed practical nurse and there are undoubtedly others, specified and validated for the occupation, which the school's guidance counselor can obtain.

Curriculum

The minimum curriculum requirements as prescribed by State licensing regulations--"shall include Nursing Fundamentals; related instruction in Body Structure and Function; Family and Community Living (to include human growth and development, nutritional health, community health and resources); Personal and Vocational Relationships (including mental health concepts); and Clinical Practice and Instruction in nursing of adults, including the aged and chronically ill, nursing of children (minimum of four weeks), nursing of mothers and newborn (minimum of four weeks).[17]

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(17) Ibid., p. 4.

The data provided by the Job Analysis Guide Summary (Appendix A) should provide a basis for identifying additional subject-matter areas from which the content is to be drawn. The depth and scope of specific course content should depend on how it relates to what the practical nurse must do in the performance of her job. The content should be organized so that the sequence learning is from the simple to the complex.

Because of the nature of the learning experience required for the occupation, it is recommended that 40 percent of the instruction should be planned in the classroom setting and 60 percent should be practice. It may not consist of less than 1,400 clock hours of combined theory and practice.(18) It will require considerable effort and careful planning to provide all the required academic and nursing classroom instruction and the clinical experience for all students. The condition of administration and scheduling which exist in the school to which the program is assigned, plus the proximity of the cooperating agencies and the flexibility of their routine will determine the most feasible plan.

Facilities and Policies Required from Cooperating Agencies

Clinical practice must be available for students in the care of medical-surgical patients as well as pediatric, obstetric, and newborn. The daily census of the services used at the cooperating agency should be fairly

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(18) Ibid., p. 4.

constant to provide the necessary experience for the number of students assigned. The following services, if available, would have considerable value for clinical experience: geriatrics (medical), psychiatric, dietary, operating and recovery rooms, and emergency rooms.

The hours on duty should provide some flexibility, if feasible, so that the student may have the varied experiences of different shifts. The clinical experience of the student should be planned as a learning experience with service as an incidental by-product. Some arrangements, however, provide that students shall receive pay while in clinical experience. Since the objective of the program is to provide education rather than service, the matter of a stipend for the student should be weighed carefully by the Advisory Committee.

Relationship with Other Programs

Many of the paramedical education programs in which students are trained for different careers require much of the same course content. The nurse aides training program in the Detroit high schools is concerned with teaching many of the same behaviors that are required of the practical nurse. This would indicate that curriculum developers should consider combining courses, classes, faculty, facilities, and materials for those areas of overlap for greater e ciency and economy.

PRACTICAL NURSE PROGRAMS AT THE SECONDARY LEVEL IN OTHER STATES

Practical Nurse programs at the high school level were introduced in Ohio in 1963 and are currently being offered at two schools. The program is one full year in length and is offered in the 12th grade. Students who satisfactorily complete the program are eligible to take the examination given by the Ohio State Board of Nursing Education and Nurse Registration for a license to practice in Ohio.

Schools of practical nursing at the secondary level have been in operation in New York City under the jurisdiction of the Board of Education since 1956. Nearly 2,000 students have been graduated from these schools since the inception of the program. Of these, 92 percent passed State Boards for licensure. There are currently 10 high schools in the city which offer practical nurse programs. A program for male students only was introduced at one of these schools last year.

The educational staff responsible for health careers programs in New York City was consulted about their experiences with the practical nurse programs and two of the schools in which the programs are offered were visited during this study. A one-year course, Health Careers Foundations, is offered to students in the tenth year of high school, in addition to their regular subjects such as English, Social Studies, and others. This course is designed to introduce the student to the vocational opportunities found in the health service fields, to develop skills in performing limited services for people in need of health care, and to gain knowledge of disease prevention and of basic nutrition.

At the end of the tenth year, those students are selected who have demonstrated ability to enter the practical nurse program, based on faculty observations of the student's emotional stability, personality, attendance and punctuality, and scholastic achievement. The practical nurse program generally extends over 80 weeks, 40 weeks in the eleventh year and 40 weeks in the twelfth year. It consists of 1,560 hours of instruction and practice. At the end of the junior year, the League of Nursing Education Psychometric test is administered to the group. The pupils selected from these test results plus study of their school record become the senior students, ready for extensive clinical experience. Uniforms and caps, purchased and maintained by the students, are worn in the classroom setting as well as for clinical practice. Instructors feel that the adoption of a uniform helps to instill a "positive self-image" and "professionalism" in the student.

Clinical experience of 4 hours a week was initiated in the eleventh grade by one of the schools last year. The provision for clinical experience in the eleventh year, which provides for the high school instructor to accompany the students into the hospital, has made classroom instruction in this period more meaningful to the student, according to the school's nurse director. During the twelth year, the program is arranged in blocks of time, four four-week blocks and one five-week block in length in the hospital practice, with alternate blocks in the high schools. Better correlation of classroom instruction in the high school and practice in the hospital seems to be maintained by this time allocation method than had formerly been attained by time blocks of six weeks. A stipend is paid by the hospital to the student during the clinical period.

A day nursery for neighborhood children, which is operated by one of the high schools within its confine, provides for student experience, in relation to the course in growth and development and in the care of the well child. A unit of instruction in the nursing care of emotionally and mentally ill patients was recently added to the practical nurse curriculum because of increasing demand for this service.

In each of the schools visited, the practical nurse program is one of the programs offered by the Nursing Education Department of the High School under the direction of the Department chairman and faculty. The chairman is directly responsible to the principal of the high school and has cooperative relationship to the Director of Cooperative Education and the Chief Coordinator Nursing Areas, Cooperative Education of the Office of Superintendent of Schools and the Board of Education of the City of New York. The selection of hospitals for practice with patients and the contractual arrangements with these cooperating hospitals is the responsibility of the Department of Cooperative Education. Assignment of students for clinical practice to hospitals located in close proximity to the high school is arranged where possible.

Two major problems confronted the New York City schools in the early years of their practical nurse program. The first was the reluctance of hospitals and other agencies to participate as cooperating agencies for the clinical experience of the student. "The immaturity of a high school student to function in an environment of sick people" was the usual rebuff. An experimental program was initiated however, with the cooperation of one hospital. The success of the program helped to refute this argument. Screening of potential candidates is considered a major factor for the success of an

experimental program. After entry had been gained to the clinical facilities of a hospital, much effort was required to instill the "education" versus the "service" aspect of the clinical experience of the student. This has gradually been attained through the employment of a clinical supervisor by the educational institution rather than the hospital. Such an individual orients the hospital personnel who work with the practical nurse student, to the philosophy of the program and its aims and objectives. In addition, she plans with hospital personnel for the on-the-ward instruction of the student.

Graduates of the high schools' practical nurse programs have helped to augment the supply of sorely-needed qualified licensed practical nurses in New York City. In addition, such programs have served to motivate many youngsters to continue their education in the nursing field and become professional nurses.

APPENDIX A

LICENSED PRACTICAL NURSE

LICENSED PRACTICAL NURSE

PROCEDURES	Desired		Actual					Importance for Entry Level			Importance for Promotion			Frequency			
	Yes	No	None	Few	Half	Most	All	Little	Moderate	Great	Little	Moderate	Great	Daily	Frequently	Sometimes	Never
PERSONAL CARE OF PATIENT																	
1. Dresses and undresses patient	11				1	3	7		1	10				2	4	5	
2. Provides or assists patient with personal hygiene care	11				1	2	8		2	9				4	6	1	
3. Gives back rubs and massages	11				1	2	8	1	2	8				3	6	2	
4. Positions patient	11			1	1	3	6	1	1	9				6	4	1	
5. Provides for elimination	11					3	8	1	1	9				4	3	4	
6. Serves meals	10	1				1	9	1	3	6				4	2	4	
7. Feeds patients	11				1	1	9	2	2	7				3	3	5	
8. Washes and dresses body of deceased	11					2	9	3	1	7					1	10	
SIGNAL DETECTION AND COMMUNICATION																	
9. Observes patients for obvious changes	11			1	1	3	6			11				10	1		
10. Answers patients' calls or requests	11				1	1	9	1	2	8				10	1		
11. Converses or exchanges pleasantries with patient	11			1	1	2	7	1	1	9				10	1		
12. Makes interpretation of care or procedure to patient	11			2	2	1	6		2	9				10		1	

Comments (Including Near Future Changes):

PROCEDURES	Desired		Actual					Importance: Entry Level			Importance: For Promotion			Frequency			
	Yes	No	None	Few	Half	Most	All	Little	Moderate	Great	Little	Moderate	Great	Daily	Frequently	Sometimes	Never
THERAPEUTIC PROCEDURES																	
13. Applies compresses, ice bags, hot-water bottles	11			1	1	2	7	3	2	6				1	3	7	
14. Gives sitz, sponge baths, enemas, douches	11					5	6	1	2	8				5	5	1	
15. Takes temperature, pulse, and respiration rates	11					1	10		1	10				8	1	2	
16. Takes blood pressure	11					2	9		1	10				9	2		
17. Cleans and dresses wounds	11				1	5	5	1	1	9				2	5	4	
18. Cleans and dresses burns	11			2	2	3	4	2	2	7				1		10	
19. Applies binders, abdominal-ace bandages, elastic hose	11				1	2	8	2	2	7				3	4	4	
20. Gives injections	10	1		2	1	2	5		1	9				7	1	1	1
21. Gives medications	10	1		2	1	3	4		1	9				7	1	1	1
22. Performs catheterizations	10	1			2	4	4		2	8				4	2	3	1
23. Performs irrigations	10	1			2	4	4		2	8				4	2	3	1

Comments (Including Near Future Changes):

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PROCEDURES	Desired		Actual					Importance For Entry Level			Importance For Promotion			Frequency			
	Yes	No	None	Few	Half	Most	All	Little	Moderate	Great	Little	Moderate	Great	Daily	Frequently	Sometimes	Never
THERAPEUTIC PROCEDURES (Cont'd.)																	
25. Assists with electro-shock therapy		11															
26. Assists with occupational therapy	3	8			1		2			3				2		1	
27. Assists with recreational therapy	2	9			1		1			2				1		1	
28. Assists with physical therapy	5	6		3	1		1	1	2	2				2	1	2	
USE OF EQUIPMENT FOR PATIENT COMFORT AND TREATMENT																	
29. Makes occupied beds and special beds while occupied	11					4	7	1	1	9				9	1	1	
30. Uses bedboards, patient lifter, wheelchair, stretcher	11				1	1	9	1	1	9				8	2	1	
31. Uses Stryker frame, Bradford frame	8	2	1	1	1		5	2		6				3		5	
32. Uses circo-lectric bed	3	7															
a. Initiates	2			1	1			1		1						2	
b. Monitors	3			1	1			1		2						2	1
c. Discontinues	2			1	1			1		1						2	

Comments (Including Near Future Changes):

PROCEDURES	Desired		Actual					Importance: Entry Level			Importance: For Promotion			Frequency			
	Yes	No	None	Few	Half	Most	All	Little	Moderate	Great	Little	Moderate	Great	Daily	Frequently	Sometimes	Never
USE OF EQUIPMENT (Cont'd.)																	
33. Uses Baron feeding pump	7	4															
a. Initiates	2			1			1			2				1			1
b. Monitors	7			4		2	1	1	2	4				1	1	5	
c. Discontinues	7			4		2	1	1	2	4				1	1	4	
34. Uses hypothermic units	3	8															
a. Initiates																	
b. Monitors	3		2	1				2		1						3	
c. Discontinues	1		1					1									1
35. Uses oral suction machines	11																
a. Initiates	10			1	1	2	6	2	1	7					6	4	
b. Monitors	11			2	1	2	6	2	1	8					6	5	
c. Discontimues	11			2	1	2	6	2	1	8					6	5	

Comments (Including Near Future Changes):

PROCEDURES	Desired		Actual					Importance For Entry Level			Importance For Promotion			Frequency			
	Yes	No	None	Few	Half	Most	All	Little	Moderate	Great	Little	Moderate	Great	Daily	Frequently	Sometimes	Never
USE OF EQUIPMENT (Continued)																	
36. Uses naso-gastric equipment	9	2															
a. Initiates	2	1					2			2					2		
b. Monitors	9			1	1	2	5	2		7				1	3	5	
c. Discontinues	7			1	2	1	3	1	1	5					3	4	
37. Uses gastrostomy equipment	4	7															
a. Initiates	1			1					1								1
b. Monitors	4		1	1	1	1			1	3					1	2	1
c. Discontinues	2		1	1					1	1						1	1
38. Uses Murphy-drip equipment	3	8															
a. Initiates	2				1	1		1		1					1	1	
b. Monitors	3				1	1	1	1		2					1	2	
c. Discontinues	3				1	1	1	1		1					1	1	

Comments (Including Near Future Changes):

PROCEDURES	Desired		Actual					Importance: Entry Level			Importance: For Promotion			Frequency			
	Yes	No	None	Few	Half	Most	All	Little	Moderate	Great	Little	Moderate	Great	Daily	Frequently	Sometimes	Never
USE OF EQUIPMENT (CONT'd.)																	
39. Uses heat lamps	7	4															
a. Initiates	6				1	1	4	1	1	4				1	2	3	
b. Monitors	7				2	1	4	1	2	4				1	2	4	
c. Discontinues	7				2	1	4	1	2	4				1	2	4	
40. Uses steam inhalators	7	4															
a. Initiates	7				1	2	3	3	2	2				1		6	
b. Monitors	7				1	2	3	3	2	2				1		6	
c. Discontinues	7				1	2	3	3	2	2				1		6	
41. Uses peritoneal dialysis	1	10															
a. Initiates																	
b. Monitors	1			1						1						1	
c. Discontinues	1			1						1						1	

Comments (Including Near Future Changes):

PROCEDURES	Desired		Actual					Importance For Entry Level			Importance For Promotion			Frequency			
	Yes	No	None	Few	Half	Most	All	Little	Moderate	Great	Little	Moderate	Great	Daily	Frequently	Sometimes	Never
USE OF EQUIPMENT (Cont'd.)																	
42. Uses parenteral fluids equipment	9	2															
a. Initiates	2		1	1						2					1	1	
b. Monitors	9			1	2	2	4	1	1	7				5	1	3	
c. Discontinues	9			2	2	1	4	1	1	7				4	1	4	
43. Uses tracheotomy equipment	9	2															
a. Initiates																	
b. Monitors	9			2	1	3	3	2		7					3	6	
c. Discontinues	4				1	1	2	1		3					1	3	
44. Uses oxygen equipment	11																
a. Initiates	8				1	2	5	1		7				2	3	3	
b. Monitors	11				1	3	7	1	1	9				3	3	5	
c. Discontinues	9				1	2	6	1		8				2	3	4	

Comments (Including Near Future Changes):

PROCEDURES	Desired		Actual					Importance For Entry Level			Importance For Promotion			Frequency			
	Yes	No	None	Few	Half	Most	All	Little	Moderate	Great	Little	Moderate	Great	Daily	Frequently	Sometimes	Never
USE OF EQUIPMENT (Cont'd.)																	
45. Uses respirators	4	7															
a. Initiates	3		1			1	1			3					2	1	
b. Monitors	4		2			1	1		1	3					2	2	
c. Discontinues	3		1			1	1			3					2	1	
46. Uses central venous pressure equipment	1	10															
a. Initiates																	
b. Monitors	1		1					1								1	
c. Discontinues																	
47. Uses traction equipment	7	4															
a. Initiates	1					1				1						1	
b. Monitors	7			2		3	2	1	1	5				2	1	4	
c. Discontinues	5	1		1		2	2		1	3				1	1	3	

Comments (Including Near Future Changes):

PROCEDURES	Desired		Actual					Importance for Entry Level			Importance for Promotion			Frequency			
	Yes	No	None	Few	Half	Most	All	Little	Moderate	Great	Little	Moderate	Great	Daily	Frequently	Sometimes	Never
USE OF EQUIPMENT (Cont'd.)																	
48. Uses alternating mattress	8	3															
a. Initiates	8		1	2	1		4	1	2	5				1	3	4	
b. Monitors	8		1	2	1		4	1	2	5				1	3	4	
c. Discontinues	8		1	2	1		4	1	2	5				1	3	4	
49. Uses artificial kidney machine		11															
a. Initiates																	
b. Monitors																	
c. Discontinues																	

Comments (Including Near Future Changes):

PROCEDURES	Desired		Actual					Importance: Entry Level			Importance: For Promotion			Frequency			
	Yes	No	None	Few	Half	Most	All	Little	Moderate	Great	Little	Moderate	Great	Daily	Frequently	Sometimes	Never
PREPARATORY CARE																	
50. Drapes patient	11				1	2	8	2	1	8				3	2	6	
51. Removes valuables and all removables from patient	10	1				4	6		1	9				5	2	3	
52. Collects specimens	11					4	7			11				6	1	4	
53. Performs isolation procedures	10	1		3	1	1	5	1	2	7				3	1	6	
54. Measures fluids and fills container for enemas and douches	11					4	7	2	1	8				4	3	4	
55. Gathers and disposes of linen and equipment	10	1				2	8	1	3	6				5	2	3	
56. Performs tests for sugar in urine	10	1				2	8	1		9				5	2	3	
57. Performs tests for acetone in urine	10	1				2	8	1		9				5	2	3	
58. Performs tests for albumen and blood in urine	1	10							1							1	
59. Prepares oral medications	8	3		2		2	4			8				7			1
60. Prepares injections	10	1		2	1	2	5			10				7	1	1	1
61. Takes cultures	5	6			1	2	2		2	3						5	

Comments (Including Near Future Changes):

PROCEDURES	Desired		Actual					Importance: Entry Level			Importance: For Promotion			Frequency			
	Yes	No	None	Few	Half	Most	All	Little	Moderate	Great	Little	Moderate	Great	Daily	Frequently	Sometimes	Never
PREPARATORY CARE (Cont'd.)																	
62. Sterilizes equipment and supplies by	4	7															
a. Autoclave	2	1					2	1		1						2	
b. Boiling	1	1					1			1						1	
c. Soaking in chemicals	4	1				1	3	1		3				1		3	
63. Sets up suture trays	1	10		1						1					1		
64. Sets up for packing	1	10				1			1							1	
65. Sets up for dressings	5	6		1		2	2		1	4					2	3	
66. Sets up for gastric lavage	1	10			1					1						1	
67. Sets up for cast applications		11															
68. Sets up for traction	3	8	1		1	1		1		2						3	
69. Sets up irrigation trays	2	9					2			2						2	
70. Sets up local anesthesia tray	2	9		1	1				2							2	
71. Sets up table of instruments	1	10		1					1							1	

Comments (Including Near Future Changes):

PROCEDURES	Desired		Actual					Importance: Entry Level			Importance: For Promotion			Frequency			
	Yes	No	None	Few	Half	Most	All	Little	Moderate	Great	Little	Moderate	Great	Daily	Frequently	Sometimes	Never
PREPARATORY CARE (Cont'd.):																	
72. Passes instruments to physician during treatment	1	10		1					1							1	
CLERICAL																	
73. Records temperature, pulse, respiration	11					2	9		1	10				6	3	2	
74. Records intake and output - liquid and solids	11					2	9		1	10				6	2	3	
75. Records height and weight	8	3				1	7		1	7				3	2	3	
76. Prepares preoperative checklist	6	5		1		1	4	2	2	2				3		3	
77. Prepares list of valuables	6	5				1	5		1	5				3	2	1	
78. Prepares list of personal belongings	7	3				1	6		1	6				3	3	1	
79. Prepares graphic records from worksheet	7	4				3	4		1	6				4	2	1	
80. Transcribes doctor's orders	8	3			2	1	5	1	1	6				6		2	
81. Fills out medicine tickets	6	5			1	1	4	1		5				4		2	
82. Charts admission and discharge records	11			1		2	8			11				8	1	2	
83. Notes pertinent treatment/observation data in medical record	11			1	2	2	6			11				10	1		

Comments (Including Near Future Changes):

PROCEDURES	Desired		Actual					Importance: Entry Level			Importance: For Promotion			Frequency			
	Yes	No	None	Few	Half	Most	All	Little	Moderate	Great	Little	Moderate	Great	Daily	Frequently	Sometimes	Never
CLERICAL (Cont'd.)																	
84. Makes reports for nursing administration	10	1			3		7	1		9				9		1	
85. Makes reports for referral	6	5				1	5	1		5				2	1	3	
86. Reports critical conversations re patient to concerned personnel	11			1	1	3	6			11				7	3	1	
87. Receives visitors	6	5		1		1	4		1	5				5	1		
88. Receives new patients	10	1				2	8		1	9				7	2	1	
89. Sorts and distributes mail, flowers, patients' gifts	2	9					2	2						1	1		
90. Fulfills patient requests for all unit services	8	3				3	5	1	1	6				7	1		
91. Answers telephone calls	9	2				5	4	2	2	5				6		3	
92. Takes telephone messages, giving information	8	3				5	3	2	2	4				5		3	
93. Makes calls for patients and staff	6	5				2	4		1	5				3	2	1	
94. Makes calls to obtain services	8	3				3	5		1	7				5	1	2	
HOUSEKEEPING																	
95. Makes unoccupied beds	8	3					8	4		4				5		2	1

Comments (Including Near Future Changes):

PROCEDURES	Desired		Actual					Importance: Entry Level			Importance: For Promotion			Frequency			
	Yes	No	None	Few	Half	Most	All	Little	Moderate	Great	Little	Moderate	Great	Daily	Frequently	Sometimes	Never
HOUSEKEEPING (Cont'd.)																	
96. Cleans and keeps patients' immediate environment neat	5	6			1	1	3	1	1	3				3	1	1	
97. Cleans equipment	6	5			1	1	4	1	1	4				4	1	1	
98. May cook/do other housekeeping duties in private home	1	10					1		1						1		
ESCORTING AND ERRAND SERVICE																	
99. Accompanies patients using wheeled vehicle/assists them to walk	9	2				2	7		2	7				3	3	3	
100. Deliver/pick up messages, supplies, eqpt. from other units	3	8					3	2		1					1	2	
101. Obtains drugs, except narcotics, from pharmacy	4	7		1		1	2	1		3				3		1	
MAINTENANCE AND CHECKING OF SUPPLIES AND EQUIPMENT																	
102. Maintains stock supplies	6	5			1	2	3			6				6			
103. Checks equipment for proper functioning	7	4			1	2	4	1		6				5			2
104. Arranges for repair of damaged equipment	6	5				1	5	2		4				1	2	3	
EVALUATION OF PATIENT NEED AND ASSIGNMENT																	
105. Conducts personal interviews with patients	7	4		2		1	4			7				6		1	

Comments (Including Near Future Changes):

PROCEDURES	Desired		Actual					Importance: Entry Level			Importance: For Promotion			Frequency			
	Yes	No	None	Few	Half	Most	All	Little	Moderate	Great	Little	Moderate	Great	Daily	Frequently	Sometimes	Never
EVALUATION OF PATIENT NEED (Cont'd.)																	
106. Receives reports from other personnel about patient	11					4	7		1	10				10	1		
107. Allocates own time according to patients' needs	11			2	3	2	4			11				11			
SUPERVISING AND TEACHING																	
108. Contacts patients/others to guide care or impart information	8	3		1	1		6		2	6				7	1		
109. Periodically checks work done by other personnel	8	3			2	2	4			8				7		2	
110. Teaches new techniques to other personnel	5	6			1	2	2			5				4	1		
111. Gives care information to departing patients	8	3		1		2	5		1	7				2	3	3	
ADDENDUM																	
112. Performs shave preps	5	6		1		1	3	1	1	3						5	
113. Scrubs or circulates during operative procedures		11															

Comments (Including Near Future Changes):

APPENDIX B

SOURCES OF PRACTICAL NURSING EDUCATION INFORMATION

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National League for Nursing
10 Columbus Circle
New York, New York 10019

National Association for Practical Nurse
Education and Service
535 Fifth Avenue
New York, New York 10017

National Federation of
Licensed Practical Nurses
250 W. 57th Street
New York, New York 10019

Michigan Board of Nursing
1003 South Washington Avenue
Lansing, Michigan 48926

Michigan League for Nursing
51 West Warren Avenue
Detroit, Michigan 48201

Guides for Developing Curricula for the Education of Practical Nurses, Practical Nurse Education Series No. 2, Office of Education, U.S. Department of Health, Education and Welfare.

Practical Nursing Education, A Guide to Curriculum Development, National Association for Practical Nurse Education and Service, Inc., 1965.

Practical Nurse Education, a Guide for Establishing and Improving Educational Programs, National Association for Practical Nurse Education and Service, Inc., 1967.